

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

BIRTH NO. 102- 150

CERTIFICATE OF BIRTH

REGISTRAR'S NO. 72

| | | | | | | |
|--|---|---|--|--|---|--|
| PLACE OF BIRTH OF CHILD AND USUAL RESIDENCE OF MOTHER | 1. PLACE OF BIRTH A. COUNTY GILA | | 2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?) A. STATE MINNESOTA | | B. COUNTY HENNEPIN | |
| | B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN GLOBE | | C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN MINNEAPOLIS | | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) | |
| | C. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR INSTITUTION, GIVE STREET ADDRESS) | | | | | |
| THIS CHILD | 3. CHILD'S NAME (TYPE OR PRINT) FIRST: RY B. (MIDDLE): EARLINE C. (LAST): ENTWISTLE | | | | | |
| | 4. SEX Female | 5A. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> | 5B. IF TWIN OR TRIPLET (THIS CHILD) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> | 6A. DATE OF BIRTH April 25, 1928 | 6B. HOUR M | |
| FATHER OF CHILD | 7. FULL NAME A. (FIRST): Lawson B. (MIDDLE): Pullman C. (LAST): Entwistle | | | | | |
| | 10. USUAL RESIDENCE (WHERE DOES FATHER LIVE?) Newark, New Jersey | | 11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Newark, New Jersey | | 12A. USUAL OCCUPATION 12B. KIND OF BUSINESS OR INDUSTRY | |
| MOTHER OF CHILD | 13. FULL MAIDEN NAME A. (FIRST): Gretchen B. (MIDDLE): C. (LAST): Schmitt | | | | | |
| | 16. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mankato, Minn. | | 17A. USUAL OCCUPATION 17B. KIND OF BUSINESS OR INDUSTRY | | 14. COLOR OR RACE White 15. AGE (AT TIME OF THIS BIRTH) 20 | |
| PARENT'S CERTIFICATION | I CERTIFY THAT THE INFORMATION IN ITEMS 1-18 IS CORRECT TO MY BEST KNOWLEDGE | | 19. SIGNATURE [Signature] | | 18A. CHILDREN BORN TO THIS MOTHER (INCLUDING THIS CHILD) B. HOW MANY OTHER CHILDREN ARE NOW LIVING? C. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD? D. HOW MANY OTHER CHILDREN WERE STILL BORN (BORN DEAD AFTER 5 MONTHS PREGNANCY) | |
| ATTENDANT'S CERTIFICATION | I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE/DEAD ON THE HOUR AND DATE STATED ABOVE. | | 20A. ATTENDANT'S SIGNATURE [Signature] | | 20B. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> D. O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (SPECIFY): 20D. DATE SIGNED | |
| REGISTRAR'S CERTIFICATION | 21A. DATE REC'D BY LOCAL REG. 5-10-1928 | | 21B. REGISTRAR'S SIGNATURE [Signature] | | 22. DATE ON WHICH GIVEN NAME ADDED BY REGISTRAR | |
| LEAVE BLANK (Added After Filing) | | | | | | |
| FOR MEDICAL AND HEALTH USE ONLY (This Section is Not To Be Re- produced on Certified Copies) | 23A. LENGTH OF PREGNANCY WKS. 23B. WEIGHT LBS. | | 24A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR | | 24B. STATE ANY OPERATION FOR DELIVERY | |
| | 24C. DESCRIBE ANY CONGENITAL MALFORMATIONS 455-425-13 | | 24E. WAS PROPHYLACTIC DRUG USED IN BABY'S EYES? YES <input type="checkbox"/> NO <input type="checkbox"/> | | 24F. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES <input type="checkbox"/> DATE: NO <input type="checkbox"/> | |
| MOTHER'S NAME AND MAILING ADDRESS | | | | | | |